



CADET EXECUTIVE OFFICER  
CIVIL AIR PATROL RHODE ISLAND WING  
UNITED STATES AIR FORCE AUXILIARY  
ENCAMPMENT 2004

10 January 2004

MEMORANDUM FOR ALL CADETS AND PARENTS OF CADETS

FROM: Cadet Executive Officer, RI Wing Encampment 2004

SUBJECT: Rhode Island Wing Encampment 2004

*Page 1 of 2*

As many of you know, the Rhode Island Wing Encampment 2004 is fast approaching. The encampment is scheduled for 11-17 April 2004, during the Spring school vacation. There have been numerous changes to the structure of this year's encampment, since three separate activities have been planned:

- The basic cadet encampment (for first-timers)
- Rhode Island Cadet Leadership Academy (*applicants for this activity MUST have completed a basic encampment previously*)
- A ground search and rescue school (*applicants for this activity MUST have completed a basic encampment previously*)

Cadets who have already completed a basic encampment will have the choice of attending RICLA or the RIGSAR School.

To apply for encampment, follow these steps:

1. Fill out as much information as you can in the forms included in this packet. This will help the encampment staff process the registration more easily.
2. Indicate which encampment activity you will be attending on the *bottom margin of the first page of the CAP Form 31* (basic encampment, leadership academy, ground search and rescue, or encampment staff—staff applicants must contact the cadet commander at *cadetemerick@hotmail.com* if they have not already done so).
3. Have your unit commander and legal guardian(s) sign the appropriate portion of the CAPF 31 to validate the application. If you are not a Rhode Island Wing cadet, your wing commander must endorse the application also.
4. Complete the additional forms included in the packet (these are necessary for emergency contacts, permission for orientation flights on military aircraft, and liability information for the National Guard Rock Wall).
5. Make out a payable to *Rhode Island Wing CAP*. The cost will be \$85.00. In addition, there will be a spaghetti fundraiser luncheon following encampment graduation for all cadets and guests. This is \$10.00 per plate if you wish to attend; you may include this money in the encampment price if you wish.



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6. Please mail the completed portion of the packet and payment (keeping the information sheets for your own reference) to:

1Lt. Joseph Kilty  
1313C Curtis Corner Road  
Wakefield, RI 02879

DATES AND TIMES:

- Saturday, 10 April 2004 – Senior and cadet staff arrival – 1200
- Sunday, 11 April 2004 – Cadet arrival – 1300-1500 (we realize that this is the Easter weekend, so if late arrivals are absolutely necessary, individual exceptions may be made)
- Saturday, 17 April 2004 – 1100 – Encampment graduation. Parents and friends are all welcome to attend the graduation ceremony.
- Saturday, 17 April 2004 – 1230 – Spaghetti fundraiser luncheon. The cost is \$10.00 per person; the money raised will be used in support of future cadet programs activities. All cadets and guests are invited. Tickets are available in advance, at check-in, or at the door. If you are purchasing tickets in advance, please include \$10 per ticket added to the encampment fee.

LOCATION:

Encampment will be held at Camp Varnum in Narragansett, Rhode Island. To get to the site, follow Interstate 95 South (North) to Exit 9, which is Route 4. Follow Rt. 4 South past where it merges with (and becomes) Rt. 1. Just after this merge, take a right-hand cloverleaf exit onto Rt. 138 East. At the first exit, take a right onto Rt. 1A South. Follow Rt. 1A South about three miles and look for a left turn at a street with small street signs that say "Camp Varnum".

If there are any questions, contact the Cadet Commander, C/2Lt Benjamin Emerick at (508)-234-0363 or [cadetemerick@hotmail.com](mailto:cadetemerick@hotmail.com). Any questions about the application or administrative details may contact the Cadet Executive Officer, C/2Lt Eric Calvey, at (508)-278-2878 or [ecalvey@charter.net](mailto:ecalvey@charter.net). You may also contact RI Wing Headquarters at (401)-737-8490. Please monitor the RI Wing website ([riwg.cap.gov](http://riwg.cap.gov)) for changes in information and additional details.

ERIC W. CALVEY, C/2LT, CAP  
Cadet Executive Officer, Encampment 2004



# Rhode Island Wing Basic Encampment and Leadership Academy Gear List

## You MUST bring the following items:

**NOTE: The Ground Search and Rescue School has a different gear list. See the following page.**

### **Uniforms:**

- BDU's
  - 2 sets of BDU pants and blouse (winter and/or summer)
  - BDU cap (NOT baseball cap-style)
  - Boots, combat or jungle
  - Field Jacket w/liner
  - Belt w/ subdued buckle, for BDU's
  - Boot socks, wool or cotton (may be black, gray, or white)
  - T-shirts, crew neck (preferably black, but brown acceptable)
  - Cutouts, grade insignia, all patches properly sewn on, etc.
- Blues
  - Pants (male) / slacks or skirt (female)
  - Class A Jacket (recommended)
  - Shirt (male) / Blouse (female)
  - Tie (male) / Tab (female)
  - Socks, black cotton (male) / hose (female)
  - Belt w/ silver buckle
  - Shoes, dress low-quarter
  - T-shirts, white, V-neck (male)
  - Flight cap w/insignia
  - Nameplate, cutouts, insignia, properly placed and sewn patches, ribbons, etc.

### **Civilian Clothing:**

- Off-duty clothing
  - Pants, shirts, jackets, etc. NOTE that Rhode Island can get chilly in mid-April.
  - Bathrobe, or similar attire for showering
  - Towels / face-cloth
  - Undergarments
  - Shower shoes or sandals
  - Long underwear

## **Athletic clothing**

- Blue Sweatpants or blue warm-up pants
- Gray Sweatshirt / T-shirt
- Blue Gym Shorts
- Athletic undergarments
- Running sneakers w/socks

### **General Items:**

- CAP Identification Card (Required)
- KNOW your **social security number**
- Study materials (Leadership / Aerospace), notebook, pens, pencils
- White Bed sheets (flat, **NOT** fitted), pillow with case, solid-color blanket (wool preferably—not pastel colored).
- Basic and Leadership Academy will NOT BRING SLEEPING BAGS
- Laundry bag (cloth or plastic)
- Toiletries (soap, shampoo, deodorant, toothbrush, toothpaste, etc)
- Web belt with canteen and holder, flashlight w/batteries, whistle
- 24-hour ground team gear (recommended)
- Yardstick
- Shoe shine kit
- Clothes hangers
- Sewing kit
- Iron and starch (recommended)
- \$10 for laundry and some limited expenses (\$5 Cash and \$5 in quarters)

### **You MAY NOT bring (these items will be confiscated):**

1. Weapons or similar paraphernalia (i.e. **knives**, machetes, firearms, fireworks, etc.)
2. Electronic entertainment devices, cell phones, pagers, or watches.
3. Illegal drugs, cigarettes, smokeless tobacco products, alcoholic beverages, etc.
4. Water pistols, water balloons
5. Pornographic material
6. Foods, candy, gum, etc.
7. Straight-edge razors (safety razors are permitted).



# Rhode Island Ground Search and Rescue School

## *Equipment List*

### PAGE 1

#### Taken from Ground Team and Urban DF Tasks Booklet

\*\*\*GSAR Cadets are responsible for both this gear list AND the basic gear list (previous page)\*\*\*

a. 24 hour pack

1) On your person:

- a) Complete BDU uniform with camouflage BDU cap. The BDU cap may be replaced by a hardhat or bright colored cap based on mission needs.
- b) Notepad and pencil
- c) All CAP Identification, including 101 card, 76 card, First Aid card, etc.
- d) Watch
- e) Handkerchief or Tissues
- f) **Vest, reflective, orange**
- g) Comb or brush (optional, carry if needed)
- h) Ground Team Member's Handbook
- i) Signal Mirror
- j) Whistle
- k) Pocket or utility-type knife, multipurpose with can opener. Swiss Army knives, Leatherman, or Gerber Tools are recommended.

2) Day pack (preferably red or orange), webbed gear, or other SAR/Survival Vest containing:

- a) First Aid Kit, stored in zip-lock bag or other waterproof container, recommended that it consists of the following:
  - (1) 2 Antiseptic cleansing pads
  - (2) Antiseptic ointment
  - (3) 6 Band-Aids, various sizes
  - (4) Moleskin, 2" X 4"
  - (5) Roller bandage
  - (6) 2 Safety pins, large
  - (7) 4 gauze pads
  - (8) 1 Triangular Bandage
  - (9) Tape, first aid
  - (10) Any personal medication (you must give this to the medical officer at the encampment unless specifically told otherwise.)
  - (11) Rubber surgical gloves (two pair minimum)
- b) Survival Kit, stored in zip-lock bag or other waterproof container, consisting of:

- (1) Duct tape, 5-10 feet (does not need to be a whole roll. May be wrapped around a stick.
- (2) Leaf bag, large
- (3) 12 wooden, waterproofed matches
- (4) Match container, waterproof, with striking surface
- (5) 1 Chemical Light Stick, Green
- (6) 50' of nylon line (paracord or similar line).

c) SAR Equipment stored in zip-lock bags, consisting of:

- (1) Change of socks
- (2) Flagging Tape, 1 roll
- (3) Flashlight (with red or blue lens), with spare bulb and batteries
- (4) Spare flashlight (penlight will do)
- (5) Insect repellent
- (6) Lip balm, with sunscreen.
- (7) Sunscreen lotion
- (8) Tissue Paper
- (9) Work Gloves, leather
- (10) Interviewing Form(s), blank
- (11) 4 Moist Towelettes, clean, in foil wrapper
- (12) Change for phone calls or calling card to call mission base



# Rhode Island Ground Search and Rescue School

## *Equipment List*

- d) 2 meals
- e) Shelter Material, preferably 8' X 10' (spare military poncho meets the need)
- f) Coat for appropriate climate, if necessary (in pack if not wearing it)
- g) Poncho
- h) Canteen(s) to carry 2 quarts of water (Some wings require their personnel to have at least one one-quart canteen on a belt while the other is stored in the field pack. At least one quart of water must be carried by all personnel)
- i) Compass Pouch, containing compass, lensatic or orienteering (orienteering preferred).

Compass should have a "glow in the dark" dial.

j) Leader's Equipment -- only required of Ground Team Leaders

- (1) Protractor -- for map work.
- (2) Map Case (Large Zip-Loc bags can be used if necessary)
- (3) Pencil, with eraser (plus sharpener if not a mechanical pencil)
- (4) Alcohol Pens, fine tip, at least 2 colors (neither the color of your colored flashlight lens)
- (5) Some way to erase alcohol pens marks on the map case, such as alcohol swabs or a special alcohol pen eraser.
- (6) A straightedge ruler, at least 6" long (Some protractors may have a ruler as well).
- (7) Ground Team Leader Handbook

b. 72 hour pack: a backpack (preferably with frame) containing:

- 1) Tent (tents will not be used at this encampment—don't bring one)
- 2) Spare rank and CAP cutouts (for cadets)
- 3) 5 meals
- 4) 2 Leaf Bags, large
- 5) Bag, waterproof, containing:
  - (a) Spare uniform,
  - (b) Underwear and socks, 3 changes
- 6) Sleeping pad, foam or inflatable.
- 7) Spare boot laces.
- 8) Kit, sewing, with spare buttons.
- 9) Shoe Shine Kit
- 10) Toilet Kit, that should contain:
  - (a) Toothbrush and paste
  - (b) Shaving Kit (if you shave)
  - (c) Deodorant
  - (d) Washcloth and soap
  - (e) Towel
- 11) Sleeping Bag or Bedroll appropriate to climate

c. Optional Items

- (1) Rainwear, durable
- (2) Webbing, nylon, 1" wide, 20' long.
- (3) Handheld FM Transceiver (highly recommended for Ground Team Leaders)
- (4) Water Purification Tablets
- (5) Eye Protection (highly recommended)
- (6) Entrenching Tool (highly recommended for base gear)

**EMERGENCY NOTIFICATION DATA****PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MI	CAP RANK	CAPSN
ADDRESS			CITY	STATE AND ZIP CODE

**CIVIL AIR PATROL UNIT INFORMATION**

UNIT CHARTER NO.	UNIT NAME	UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME		CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.	

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

NAME (Mr., Mrs., etc.)	RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.

**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, Medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AIR TRANSPORTATION AGREEMENT		DATE
PLACE	FULL NAME	
PERMANENT ADDRESS		
<p>For and in consideration of being permitted to fly as a passenger in aircraft operated by or on behalf of the United States of America, for and on behalf of myself, my personal representatives, heirs and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from or during said flight or flights or continuances thereof or from ground operations incident thereto.</p>		
SIGNATURE		
WITNESS	WITNESS	
NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN EMERGENCY		



RELEASE, HOLD HARMLESS AGREEMENT  
and AUTHORIZATION

Date: \_\_\_\_\_

Name of Participant:

\_\_\_\_\_

(Last, First, Middle Initial)

I authorize my child named above to participate and climb in the Army National Guard's Recruiting and Retention Resource Management's Rock Wall on \_\_\_\_\_. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my child while participating in this activity. I understand that participation in this Rock Wall Climb activity involves risk of injury or death and I accept and assume sole responsibility and liability for my child for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that my child may sustain which in any way relate to or arise out of my child's participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on behalf of my said child, his/her heirs, executors, administrators, successors/assigns, or any other person or persons on his/her behalf, arising from or in any way relating to any harm, personal injuries or death, that my child may sustain as a result of my child's participation in the Rock Wall Climb activity.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for the health and safety of my child and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view, photograph, and/or film portions of the Rock Wall Climb activity and interview participants. I authorize the use and/or publication of my child's photograph, image, quote and/or voice in connection with his/her participation in the Rock Wall Climb activity.

Signature of Parent/Guardian:

\_\_\_\_\_

FILL IN THE FOLLOWING PAGES AS ACCURATELY AND COMPLETELY AS POSSIBLE. PLEASE TYPE OR PRINT NEATLY; IF FORMS ARE NOT LEGIBLE THEN YOU MAY NOT BE SELECTED FOR THE ENCAMPMENT OR SPECIAL ACTIVITY THAT YOU WANT TO ATTEND.

CAP FORM 31 NOV 96 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. CONTINUE ON TO BACK

### TO BE COMPLETED BY FLIGHT AND GROUND INSTRUCTOR APPLICANTS

FAA CERTIFICATES AND RATINGS		CFI CERTIFICATE NUMBER & EXPIRATION DATE	MEDICAL CERTIFICATE CLASS & DATE
TOTAL FLIGHT TIME IN HOURS	TOTAL FLIGHT TIME IN HOURS (Last 12 Months)	AIRCRAFT FLOWN (Last 12 Months)	
TOTAL FLIGHT INSTRUCTION GIVEN IN HOURS	FLIGHT INSTRUCTION GIVEN IN HOURS (Last 12 Months)	AIRCRAFT FLOWN IN INSTRUCTION (Last 12 Months)	
TOTAL SOLO ENDORSEMENTS	TOTAL SOLO ENDORSEMENTS (Last 12 Months)	AIRCRAFT FLOWN IN SOLOS ENDORSED (Last 12 Months)	
CAP FORM 5 CHECKRIDE DATE	AIRCRAFT MAKES & MODELS AUTHORIZED ON CAPF 5	PLEASE INCLUDE A COPY OF YOUR PILOT LOGBOOK FOR THE LAST 12 MONTHS AND A COPY OF YOUR CURRENT CAPF 5 WITH THIS APPLICATION.	

### TO BE COMPLETED BY MAINTENANCE OFFICER APPLICANTS

FAA CERTIFICATES AND RATINGS	CERTIFICATE NUMBER & EXPIRATION DATE
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### TO BE COMPLETED BY INTERNATIONAL AIR CADET EXCHANGE APPLICANTS

FOREIGN LANGUAGE EXPERIENCE											
LANGUAGE	SPEAKING ABILITY			WRITING ABILITY			OVERALL UNDERSTANDING				
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

COUNTRY PREFERENCE (Countries are announced each year in the November issue of the *Civil Air Patrol News*.)

1.	2.	3.
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AIRPORT INFORMATION (List the Name, City, and State of the two closest major airports within 250 miles of your home. This information will be used to purchase your airline ticket once selected.)

1.	2.
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RELEVANT EXPERIENCE (Use this section to relate any CAP or non-CAP experiences that could have a beneficial impact on your being selected to attend the special activity or encampment that you have requested. Use an additional sheet if necessary, but please limit additional documentation.)

**MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS**

*This information is for Official Use Only and will not be released to unauthorized persons. Answer all questions as accurately as possible so that special activity or encampment staff can make themselves aware of any pre-existing medical problems or conditions and be alert to help you.*

HAVE YOU EVER HAD AN FAA OR OTHER FLIGHT PHYSICAL DENIED, SUSPENDED, OR REVOKED? ☐ NO ☐ YES (Give the date and reason in the remarks section.)

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU HAD OR BEEN INVOLVED IN AN ACCIDENT IN THE PAST 2 YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

<input type="checkbox"/> NO <input type="checkbox"/> YES	Frequent or severe headaches	<input type="checkbox"/> NO <input type="checkbox"/> YES	Ear infections	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic diseases like Diabetes or Bronchitis
<input type="checkbox"/> NO <input type="checkbox"/> YES	Dizziness or fainting spells	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rupture	<input type="checkbox"/> NO <input type="checkbox"/> YES	Girls only - Menstrual cramps
<input type="checkbox"/> NO <input type="checkbox"/> YES	Unconsciousness for any reason	<input type="checkbox"/> NO <input type="checkbox"/> YES	Positive TB skin test	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other illness or accidents
<input type="checkbox"/> NO <input type="checkbox"/> YES	Eye trouble, excluding glasses	<input type="checkbox"/> NO <input type="checkbox"/> YES	Epilepsy or fits	<input type="checkbox"/> NO <input type="checkbox"/> YES	Military rejection or medical discharge
<input type="checkbox"/> NO <input type="checkbox"/> YES	Hay fever	<input type="checkbox"/> NO <input type="checkbox"/> YES	Kidney stones or blood in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rejection for life insurance
<input type="checkbox"/> NO <input type="checkbox"/> YES	Sugar or albumin in urine	<input type="checkbox"/> NO <input type="checkbox"/> YES	Motion sickness	<input type="checkbox"/> NO <input type="checkbox"/> YES	Admission to hospital
<input type="checkbox"/> NO <input type="checkbox"/> YES	Heart trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Nervous trouble of any sort	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of traffic convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	High or low blood pressure	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any known allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES	Record of other convictions
<input type="checkbox"/> NO <input type="checkbox"/> YES	Stomach trouble	<input type="checkbox"/> NO <input type="checkbox"/> YES	Any drug or narcotic habit	<input type="checkbox"/> NO <input type="checkbox"/> YES	Attempted suicide
<input type="checkbox"/> NO <input type="checkbox"/> YES	Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	Chronic or recurring injuries	<input type="checkbox"/> NO <input type="checkbox"/> YES	Medical treatment within the last 5 years other than regular office visits or physicals

**IMMUNIZATIONS**

FAMILY PHYSICIAN (Name, address, and phone number)

**INSURANCE INFORMATION**

☐ Medical

Company

Policy Number

☐ Liability

Company

Policy Number

**EMERGENCY ADDRESSEE - PARENT, GUARDIAN, OR CLOSEST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY**

Name

Relationship

Address

Day Telephone

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Night Telephone

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**REMARKS**

## RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk and responsibility for an assignment to participate in this activity or encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or a student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

## RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above. In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history of injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE

FATHER OR LEGAL GUARDIAN

WITNESS FOR MOTHER'S SIGNATURE

MOTHER OR LEGAL GUARDIAN

## SQUADRON CERTIFICATION

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates. This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this squadron applying for \_\_\_\_\_.

SQUADRON COMMANDER

## WING CERTIFICATION (Mandatory for all but Region Staff Applicants)

This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this Wing applying for \_\_\_\_\_.

WING COMMANDER / BOARD PRESIDENT

## REGION CERTIFICATION (IACE Escorts and Region Staff Applicants Only)

This applicant is the \_\_\_\_\_ choice of \_\_\_\_\_ cadets/seniors in this Region applying for \_\_\_\_\_.

REGION COMMANDER

## APPLICATION CHECKLIST

- ☐ APPLICATION IS FILLED OUT COMPLETELY AND LEGIBLY, AND HAS ALL SUPPORTING DOCUMENTATION ATTACHED
- ☐ APPROPRIATE NUMBER OF COPIES OF APPLICATION HAVE BEEN MADE (3 FOR NATIONAL CADET SPECIAL ACTIVITIES)
- ☐ REQUIRED SIGNATURES HAVE BEEN OBTAINED
- ☐ CHECK(S) OR MONEY ORDER(S) IS(ARE) ATTACHED IF REQUIRED (CHECKS ARE MAILED SEPARATELY FOR NATIONAL CADET SPECIAL ACTIVITIES)
- ☐ COPIES HAVE BEEN FORWARDED OR RETAINED AS REQUIRED (FOR NATIONAL CADET SPECIAL ACTIVITIES MEMBERS RETAIN ONE COPY, FORWARD ONE TO THEIR WING REVIEW BOARD, AND FORWARD THE THIRD COPY TO NATIONAL HEADQUARTERS BY 31 JANUARY AT THE FOLLOWING ADDRESS:

HQ CAP/CP  
105 SOUTH HANSELL STREET  
MAXWELL AFB AL 36112-6332



2004 Rhode Island Wing Encampment  
**Medical Information Form**

Name of Cadet: \_\_\_\_\_

CAP ID: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does this person require any medication? If so, what medication is to be administered?

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Time of day to administer medication:

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Allergies:

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Other medical information:

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HEADQUARTERS  
RHODE ISLAND WING CIVIL AIR PATROL  
UNITED STATES AIR FORCE AUXILIARY  
ENCAMPMENT 2004

## GENERAL RELEASE FORM

I, \_\_\_\_\_, authorize Cadet \_\_\_\_\_  
to participate in activities conducted by the Civil Air Patrol that have not been  
mentioned previously in this information packet. Such activities may include the  
National Guard obstacle course at Camp Fogarty, repelling, the firearms training  
system (FATS), a practice search and rescue mission, etc. All activities will be  
conducted under the supervision of qualified Civil Air Patrol and National Guard  
instructors.

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cadet Signature: \_\_\_\_\_ Date: \_\_\_\_\_